

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006591

821

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

TE
JB

AMENDED

FILED FEB 28 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Kansas City About 33 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

General Hospital Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY OR TOWN

Kansas City

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

1312 E. 11th

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

John

Lewis

4. DATE OF DEATH

Month

Day

Year

2

8

62

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/4/1919

9. AGE (last birthday)

42

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Porter

11. KIND OF BUSINESS OR INDUSTRY

Porter

12. BIRTHPLACE (City and State or country)

Okla.

13. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

Tom Lewis

13b. MOTHER'S MAIDEN NAME

Lula Ann Howell

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Miss Victoria Howell

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) DUE TO (c) CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.

Ascites, Liver Failure

Nutritional Cirrhosis

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-4-62 to 2-8-62 and last saw him alive on 2-8-62

Death occurred at 2:32 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature]

(Degree or title)

22b. ADDRESS

2400 Cherry

22c. DATE SIGNED

2-9-62

23a. BURIAL OR CREMATION

23b. DATE

2/14/1962

23c. NAME OF CEMETERY OR CREMATORY

Blue Ridge Lawn

23d. LOCATION (City, town, or county)

Kansas City, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

E. Herbig Billie 1212 mine

25. DATE RECD. BY LOCAL REG.

2-12-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

Frank Ellis

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. Steinhilber

Licensed Embalmer No. 3178

P. O. Address 1212 Vine Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.